CAMPAIGN FINANCE REPORT

Name:	Brace for Lehigh	
Address:	227 N 9 th St	
City, State, Zip:	Allentown PA 18102	

Candidate	Committee	X	
Type of Report	Election Date	Amended	Termination
2017 – ANNUAL REPORT			
Termination Report?			
Office Sought By Candidate	Party	County	
Lehigh County Commissioner Dist #4	D	Lehigh	

	Summary	of Receipts & Ex	penditures		
From:	11/27/2017	727/2017 To: 12/3120			
A. Amoun	t Brought Forward Fr	om Last Report		970.31	
B. Total N	Ionetary Contribution	s & Receipts (from	Schedule I)	0.00	
C. Total F	unds Available (Sum o	f Lines A & B)		970.31	
D. Total E	xpenditures (from Sch	edule III)		0.00	
E. Ending	Cash Balance (Subtra	ct Line D from Lir	ne C)	970.31	
F. Value o	f In-Kind Contribution	ns Received (from	Schedule II)	0.00	
G. Unpaid	Debts & Obligations (from Schedule IV)	0.00	

*Complete reports including signatures are on file in the Office of Voter Registration.

CONTRIBUTIONS AND RECEIP Detailed Summary Page	TS		
	orting Peri om//	1 28	то 12/31
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PE	R CONT	RIBUT	TOR
TOTAL for the Reporting Period	(1)	\$	0
CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)			
Contributions Received from Political Committees (Part A)		\$	Ō
All Other Contributions (Part B)		\$	()
TOTAL for the Reporting Period	(2)	\$	C
CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		\$ \$	0
TOTAL for the Reporting Period	(3)	\$	0
. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHEC	XS, ETC	: (FR	om part e)
TOTAL for the Reporting Period	(4)	\$	0
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)		\$	0

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate		/ ()	Re	eporting I	Peridd	1 DRI
Brace for		ehigh		From	1117	7 To 1231
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	
		······································				\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		<u> </u>	MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) 	MO	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	-
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	l			DAY	YEAR	.
Full Name of Contributing Committee			MO.	UAT	I GON	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributing Committee			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO,	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	
Pull Name of Contributing Committee						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
				Castl		PAGE TOTAL
Enter Grand Total of Part A on Sche	dule	i, Detailed Summar	y rage,	, Sectio	on 2.	\$ ()

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DSEB-502 (7-99)			

PART B **ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	ſ	1	R	eporting	Period /	1
Name of Filing Committee or Candidate	Le	e high		From	_[[]]	<u>S</u> To 12/31
		/		DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		.	MQ.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address				DAV		
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	÷
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor	ا ا		MO.	DAY	YEAR	
		<u> </u>				\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
				, <u></u>	ſ	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
l		-				\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summary	/ Page,	Section	n 2.	\$ ()

PAGE_____ 0F

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	$\left(\right)$)	R	eporting	1.1.1.1	a hBI
Name of Filing Committee or Candidate	lei	1.99		From	11/2	D TO 123
				DATE	- È	AMOUNT
Full Name of Contributing Committee			MO.	DATE	YEAR	AMOUNT
						\$
Mailing Address		····	MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						Ψ
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
						+
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				
	31810		MO	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mäiling Address				DAY	VEAD	
			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
		-	ww.		1 1500	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Full Hame of Contributing Committee					JEAN	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	_
-					1	\$
Mailing Address			MO.	DAY	YEAR	•
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address					_	Ψ
marring Audress			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				
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Full Name of Containation Constitution						
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
			L	· · · · ·		PAGE TOTAL
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Enter Grand Total of Part C on Sci	nedule i,	, Detailed Summa	ry Page,	Sectio	n 3.	\$

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City State Zip Code (Plus 4)	O. DAY YEA	\$
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Employer Name Occu	upation	
mployer Mailing Address/Principal Place of Business		
Enter Grand Total of Part D on Schedule I, Detailed Summary Pa		PAGE TOPAL

PART D ALL OTHER CONTRIBUTIONS

PAGE _____ OF

Enter	Grand	Total	of	Part	Do	n	Schedule	١,	Detailed	Summary	Page,	Section	3.	PAG \$
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	REFUNDS, INTEREST rt to report refunds	received, interes	t earned, retur	ned chec	ks and
lame of Filing Committee or C	prior expenditure:	()	Benorting	Period	то 12/3(
5140	e fèr le	h.gn	From _		
ull Name		V			
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ity	State	Zip Code (Plus 4)	MO. DAY		Amount \$
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uli Name					
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Receipt Description		-			\$
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
	U.are				\$
Receipt Description					

PAGE ____OF ____

DSEB-502 (7-99)

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing-Gommittee or Candidate	Reporting Per From	10/	To 12 31
		<u> </u> _	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR I	LESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	\bigcirc
2 IN-KIND CONTRIBUTIONS DESCRIPTION AND ADDRESS			
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	A PART	Ð
TOTAL for the Reporting Period	d (2)	\$	\bigcirc
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	d (3)	\$	(`)
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	\bigcirc

PAGE _____ OF _____

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			R	eporting		11/0
Kane of Finning Committee of Candidate	- (phiah		From	110	-5 TO 12 31
	· · · · · ·					
Full Name of Contributor				DATE		AMOUNT
		v	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Description of Contribution:	J					
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	A
		—				\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
						3
Mailing Address			MO.	DAY	YEAR	\$
	-					
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						3
Description of Contribution:						
Full Name of Contributor						
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	VEAD	·
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Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
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Mailing Address			MO.	DAY	YEAR	
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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Description of Contributian:						
Full Name of Contributor			MO.	DAY	YEAR	¢
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Mailing Address			MO.	DAY	YEAR	\$
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Constitution		_				Ψ
Description of Contribution:						
				_		
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Summary Page, Section 2.				ancu		s ()
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SCHEDULE II PART G **IN-KIND CONTRIBUTIONS RECEIVED**

PAGE _____ OF _____

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VALUE OVER \$250.00

Name of Filing Committee or Gendidate	<u> </u>		R	eporting	Period	()71
Liac.	ef	ci lehing		From	11)	-4 TO 12/5/
)				DATE		AMOUNT
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$
		· · · · · · · · · · · · · · · · · · ·				•
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business	. <u> </u>		Decesiet	on of Con	tribution	
			Descripti		tribution	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
,			- MO.		JEA0	\$
Employer of Contributor	41	<u></u>	Occupati	on	L	
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
				DAM	VE40	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Feedbauer of Contributor		<u> </u>				4
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	•
Mailing Address		and de la companya de				\$
mannig Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Employer of Contributor			Occupatio	n		
Employer Mailing Address/Principal Place of Business			<u></u>			
Employer Walling Addressiftincipal Flace of Business			Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	¢
City	Ctot-	714 0-1-101				\$
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business			Descripti	on of Cont	tribution	······································
Enter Grand Total of Part G on Sched	dule II.	In-Kind Contrib	utions De	tailed		PAGE TOTAL
Summary Page, Section 3.						\$ ()

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PAGE	OF	
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1 ()	Reporting Period
brace for	Lenigh	From 1128 To 1231
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus -	3)
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus	6)
To Whom Paid		MÐ. DAY YEAR Amount S
Mailing Address	······································	Description of Expenditure
Cíty	State Zip Code (Plus —	4)
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus	4)
To Whom Paid		MO. DAY YEAR Amount \$
Mailing Address		Description of Expenditure
City	State Zip Code (Plus	4)
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus	4)
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus —	4)
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditura
City	State Zip Code (Plus	4)
		PAGE TOTAL
Enter Grand Total of Expenditure	es on Page 1, Report Cove	

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,		State	Zip Cod
Description of Debt			
Name of Creditor			
Mailing Address	DATE DEBT	MO.	DAY
City	INCURRED	State	Zip Cod
Description of Debt			
Description of Debt			
Enter Grand Total of Unpaid Deb	bts on Page 1, Report Cover	Page, It	tem G.

Name of Filing Sommittee or Candidate

·910

Name of Creditor	·				Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	
.	DEBT INCURRED				
City		State	Zip Code	(Plus 4) -	
Description of Debt		<u> </u>			
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	; (Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Pius 4)	
Description of Debt				/	
Name of Creditor					Outstanding Balance of Debt
				,	Standing Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	¥.
City		State	Zip Code	(Plus 4)	
Description of Debt		L	<u> </u>		
Name of Creditor					Outstanding Balance of Debt
·····				′	Substanting Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO,	DAY	YEAR	
City		State	Zip Code ((Plus 4)	
Description of Debt		<u>l</u>		ľ	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE		1-2.00		\$
City	DEBT INCURRED	MO.			
		State	Zip Code (
Description of Debt		<u>_</u>	<u> </u>		

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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PAGE TOTAL

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Reporting Period

From

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